

**MONTHLY COLIFORM ANALYSIS INPUT FORM**

**BT**

System Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

PWS ID# \_\_\_\_\_  
Laboratory ID# \_\_\_\_\_  
Laboratory Name \_\_\_\_\_  
Sampling Date \_\_\_\_\_  
MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**Number of Routine Coliform Samples:**

Required \_\_\_\_\_; Taken \_\_\_\_\_; Testing Positive \_\_\_\_\_ Analysis Method \_\_\_\_\_

**If Positive Results Occurred:**

- A. Add Number of Total Coliform Samples Taken (Routine + Repeat) \_\_\_\_\_  
B. Add Number of Total Coliform Samples Testing Positive (Routine + Repeat) \_\_\_\_\_  
C. Percentage of Results Testing Positive (b/a) x 100 = \_\_\_\_\_%

**FOR EACH POSITIVE RESULT, THE SAME SAMPLE MUST BE TESTED FOR E. COLI OR FECAL COLIFORM AND A SERIES OF REPEAT SAMPLES MUST BE TAKEN WITHIN A 24 HOUR PERIOD. READ THE BACK OF THIS FORM FOR MCL DETERMINATION.**

**REPEAT SAMPLES:**

*In completing the form below, indicate **POSITIVE** results with a "P" and **NEGATIVE** results with an "N".*

No. <u>1.</u>	Total (P or N)	Date	Method	Fecal (P or N)	or E.Coli (P or N)	Date	Method
A. Original POSITIVE SAMPLE SITE LOC:							
B. Repeat - Original Tap LOC:							
C. Within 5 Services UPSTREAM LOC:							
D. Within 5 Services DOWNSTREAM LOC:							
E. Additional Sample (if taking only 1 sample/month) LOC:							

☐ Check here if additional repeat sampling sheets are attached.

*I certify that these samples were collected in accordance with procedures approved by the New Jersey Department of Environmental Protection. Name \_\_\_\_\_*

*I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection. Name \_\_\_\_\_*

Form Prepared by: \_\_\_\_\_ Owner/Operator or \_\_\_\_\_ Laboratory Phone No. (\_\_\_\_) \_\_\_\_\_

Print Name

Signature

Date

## **MONTHLY MCL DETERMINATION**

### **Systems Taking 40 Samples or More Per Month:**

Divide the total number of samples testing positive for Total Coliform (Line "b") by total number of samples taken (Line "a" and multiply by 100. Enter this number on Line "c".

If the percentage of samples testing positive (Line "c") is greater than 5.0% then the monthly MCL has been exceeded.

### **Systems Taking Less Than 40 Samples or More Per Month:**

If the total number of samples testing positive for Total Coliform (Line "b") is greater than 1 then the monthly MCL has been exceeded.

If the monthly MCL has been exceeded, the Bureau of Safe Drinking Water (609) 292-5500 must be notified by the end of the next business day and a Public Notification must be issued within 14 days.

## **ACUTE MCL DETERMINATION**

An acute MCL occurs when:

A routine sample tests positive for E. coli or Fecal Coliform and the repeat sample tests positive for Total Coliform

**OR**

A repeat sample tests positive for E. coli or Fecal Coliform.

The Bureau of Safe Drinking Water (609) 292-5550 must be notified before the end of same business day, or by the end of the next business day if the detection occurs after the close of business for the state, and a Public Notification must be issued by Radio or Television within 72 hours.

## **IMPORTANT**

If any sample collects less than 5 routine samples per month and tests positive for Total Coliform, the system must take at least 5 routine samples the following month.

## **ANALYSIS METHOD CODES**

- 303. T. Coli Membrane Filter
- 305. T. Coli Fermentation Tube
- 307. T. Coli Presence-Absence (PA)
- 309. T. Coli (MMO-MUG)
- 315. F. Coli (Total Coli Positive Into EC Medium)
- 317. F. Coli (EC Medium + MUG)
- 319. F. Coli (Nutrient Agar + MUG)
- 321. F. Coli (ONPG - MUG) (Auto Analysis Colilert)